



| <b>Protocol for Managing an mRNA and the Johnson &amp; Johnson Vaccine</b> |   |                     |           |
|--|---|---------------------|-----------|
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**PURPOSE:** Public Health Nurses and other professionals working for the Vermont Department of Health who are licensed to administer immunizations in Vermont, will safely administer mRNA COVID-19 vaccines and the Johnson and Johnson vaccine within a single clinic.

**GUIDANCE:**

Vaccinations will be given following department medical orders, protocols, and procedures as well as adhering to practice standards and CDC recommendations. Before administering vaccinations, staff should review the Vermont Department of Health [Protocol for COVID-19 Vaccine Administration Procedure](#)

Additionally, appendix A contains review of the medical distribution 5 rights.

**PROCEDURE:**

**Preclinic:**

1. Johnson & Johnson vaccine inventory will be kept separate from mRNA vaccine inventory
2. Strategies to keep vaccines separate include, but not limited to:
  - a. Color code syringes and keep them in separate supply containers so vaccine can be kept separate or label syringes with the vaccine it contains and time the vaccine was drawn up. Suggestions for color codes: Green for Pfizer, Yellow for J&J and Pink for Moderna.
  - b. Use separate coolers qualified to maintain the appropriate temperatures for each vaccine type and label the top plate of each cooler with the vaccine it contains.
    - i. For small clinics clearly separate and label vaccine types in separate boxes in the cooler.
  - c. Prepare separate Vaccine Inventory Sheets and Temperature Logs for each vaccine type.
  - d. Prepare separate vaccination drawing stations per vaccine types. For example, separate ends of the Vaccine Drawing Table.
  - e. Vaccinator pre-drawing vaccine should verify vaccine and process for vaccination preparation with another clinic staff member.

- f. Utilizing separate vaccinators and vaccinating stations for each vaccine will decrease the likelihood of an incorrect vaccination. For smaller clinics dedicate one vaccinator for J&J vaccine.
- g. For Open POD clinics request CERC to advertise both vaccines on the VDH website.

## **During Clinic**

1. Staff at triage station will:
  - Inform those who arrive that this clinic is for COVID-19 vaccinations, be specific about which vaccines are being offered at this clinic.
  - Review the symptoms of COVID-19 and ask those with symptoms to please return when symptoms have subsided.
    - Clinics may choose to continue to perform temperature checks on individuals or provide a table where individuals can check their own temperatures.
  - Ask that individuals who are entering clinic to please wear a mask appropriately and if they do not have a mask give them one.
  - Answer any questions or refer individuals to other clinic staff who can answer questions.
2. Individuals will be directed to check in at the Intake station. At this station:
  - Intake staff will ask the individual which vaccine they would like while confirming the age of the individual is appropriate for the vaccine they are requesting.
  - Intake will write at the top left-hand corner of the CDC Checklist the desired vaccine.
  - Show/give them vaccine specific information and V-safe information to take and/or for review.
  - Inform them that the next person they talk to at the vaccination station will collect their forms and be able to answer any questions they have about the vaccine or the forms.
  - Optional: Separate Waiting Stations to allow for designated areas per vaccine type offered.
3. Individuals will be directed to the appropriate vaccination station for the vaccine they will be receiving. At this station:
  - Assure appropriate vaccine based on pre-clinic strategy.
  - Give vaccination.
  - Document individual's names, date/time of dose and contact information so a second dose appointment can be set for mRNA vaccinations.
    - Prepare a color-coded post-clinic wait time sticker for the individual. This will help to signal the Exit Station id a second dose appointment is needed.
    - Based on established clinic flow, instruct individual to inform the Exit Station the need for a second dose appointment or set up second dose appointment at the Vaccination Station.

- Ask individual or family to move to the waiting area and wait 15-30 min before leaving the clinic.
- Give V-Safe handout for them to take home.
- Keep completed CDC Pre-Vaccination Checklist and Consent Forms to be collected at end of clinic.  
*\*All forms are held at the OLH district office following record retention guidelines.*

### **Post Clinic:**

1. VAMS
  - When clinics have wifi access, information will be added in to VAMS live including any wastes.
  - When clinics do not have wifi, the offline VAMS spreadsheet (either on a laptop or printed) will be utilized and information will be added to VAMS as soon as possible (either same day or early next day if the clinic is in the evening).
2. Event Summaries
  - Event summaries will be sent to the Med Tech inbox and will include number of doses of each vaccine administered.
3. Second doses
  - If warranted, a second dose clinic will be set up to complete vaccination for individuals. Districts will contact Med Tech to request vaccine if necessary.
  - If only a few doses of the mRNA vaccine are given, individuals will be contacted and how to schedule a second dose at another clinic in the area will be discussed.
  - Clinics should reference Second Dose walk in protocol if questions arise around second dose walk ins.

## **ADDITIONAL INFORMATION**

### *References:*

Centers for Disease Control and Prevention [Pinkbook: Vaccine Administration | CDC](#)

Vermont Department of Health [Protocol for COVID-19 Vaccine Administration Procedure](#)

Vermont Department of Health COVID Vaccine Information for Healthcare Professionals <https://www.healthvermont.gov/covid-19/health-care-professionals/vaccine-information-health-care-professionals>

## Appendix A

### **REVISION HISTORY**

| Date      | Summary of Revisions  |
|-----------|---|
| 6/18/21   | Added recommendations from District Offices that piloted this protocol. |
| 6/22/2021 | Final Version Approved  |
|           |   |

## **APPENDIX A: Considerations for clinics with multiple vaccines**

### **1. Medication Distribution Safety (5-Rights)**

[Immunology and Vaccine-Preventable Diseases – Pink Book – Administration \(cdc.gov\)](https://www.cdc.gov/pinkbook/)

Proper vaccine administration is a critical component of a successful immunization program. It is a key part of ensuring that vaccination is as safe and effective as possible. The guidance should be used in conjunction with professional standards for medication administration and guidance from the vaccine manufacturer. The foundation of medication administration is application of the “Rights of Medication Administration.” These rights should be applied to each encounter when vaccines are administered.

These rights include the:

•Right patient •Right vaccine and diluent (when applicable) •Right time (including the correct age and interval, as well as before the product expiration time/date) •Right dosage •Right route (including the correct needle gauge and length and technique) •Right site •Right documentation

Vaccine providers should also incorporate the evidence based safe injection practices.